Ç.	unnla	montal Indonandant			SUPPLEMENTAL INDEPENDENT EXPENDITUR						
Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE			Type or print in ink. Amounts may be rounded to whole dollars.  Amendment (Explain Below)		Report covers period		Date Stamp 11/21/2003		CALIFORNIA 465  Page 1 of 2		65
Amendment No 000		Amendment No 000				Date of election if applicable: (Month, Day, Year)			For Official Use Only		nly
		Report No CM1			10/7/2003						
1.	Comn	nittee/Filer Information	I.D. NUMBER (if recipient committed 1257926	tee)	Treasurer	(If recipient	committee)				
	COMMITT	EE/FILER'S NAME	1237720	_	NAME OF TREAS	SURER					
	California	ans for Government Accountability - No on the Gov	ernor's Recall - Yes on Bustamante		Ray Boucher						
					MAILING ADDRE	SS					
	STREET A	ADDRESS (NO P.O. BOX)									
					OITV		07475 70	20005	1051.00	DE (DI 10	NIE.
	CITY	STATE	ZIP CODE AREA CODE/PHONE	=	CITY		STATE ZIF	CODE	AREA CO	JDE/PHC	INE
	Beverly F	Hills CA	90211 (310)854-4444		Beverly Hills		CA 902	211	(310) 85	4-4444	
	OPTIONAL: FAX/E-MAIL ADDRESS  OPTIONAL: FAX/E-MAIL ADDRESS						ESS				
2	Namo	of Candidate or Measure Sup	norted or Onnosed								
		CANDIDATE	ported or Opposed		OFFICE SOUGHT OR HE	I D AND DISTR	PICT IF APPLICABLE			CHEC SUPPORT	OPPOS
	Cruz Busta					LD AND DISTN	MOT, II AFFLIOADLL			SUFFUR	OFFOS
	Cruz Busia	amante			Governor					X	
	NAME OF E	BALLOT MEASURE			BALLOT NO./LETTER	JURISDICTIO	N			SUPPORT	OPPOS
3.	Indep	endent Expenditures Made At	ach additional information on appro	opriate	elv labeled continuation	sheets.				•	•
-	•				•		1		CUMUL/ CAL	ATIVE TO ENDAR \	DATE EAR
	DATE	NAME AND ADDRES			DESCRIPTION OF E	XPENDITURE		'	· ` ·	l.1 - DEC	.31)
9/2	2/2003	CTA/Association for Better Citizenship P Burlingame, CA 94010	AC V	oter C	Contact		\$2,100.00		\$9,247.47		
9/2	2/2003	CTA/Association for Better Citizenship P	AC P	honeb	ank		\$600.00		\$9,247.47		
9/2.	2,2003	Burlingame, CA 94010		Thonesan		φουυ.ου		Ψ2,217.17			

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

## Supplemental Independent

Type or print in ink.

	SUPPLEMENTAL INDEPENDENT EXPENDITU					
	Report covers period	CALIFORNIA 16				
rom _	9/21/2003	FORM	TUJ			
	12/31/2003	Domo 2	<b>as</b> 2			

_^	penditure Report		Amounts may be rounded to whole dollars.		Report covers period from $\frac{9/21/2003}{}$		CALIF FOR	ORNIA 465		
SEE	INSTRUCTIONS ON REVERSE				through	12/31/2003	Page <u>2</u>	of 2		
NAM	E OF FILER							I.D. NUMBER (If recipient com.)		
Calit	Fornians for Government Accountability - No on the Governor's	Recall - Yes on Bu	ustamante				1257926			
4.	Summary									
	1. Total independent expenditures made of \$100 or more this period. (Part 3.)									
	2. Total independent expenditures under \$100							\$0.00		
	2. Total independent expenditures under \$100	made ins pe	enoa. (Not itemizea.).							
	3. Total independent expenditures made this $\boldsymbol{\mu}$	period (Add Li	ines 1 + 2.)				TOTAL	\$2,700.00		
5.	Filing Officers Enter the name and address of e	each filing officer	r with whom the filer's mos	recent campaign statemen	nts (Form 45	0, 460 or 461) have bee	n filed.			
5.	Filing Officers Enter the name and address of on the Name of Filing Officer	each filing officer	r with whom the filer's most	t recent campaign statemen  3) NAME OF FILING O		0, 460 or 461) have bee	n filed.			
5.		each filing officer	r with whom the filer's mos		FFICER		n filed.			
5.	1) NAME OF FILING OFFICER	each filing officer	r with whom the filer's mos	3) NAME OF FILING O	FFICER		n filed.			
5.	NAME OF FILING OFFICER  Secretary of State	each filing officer	zip code	3) NAME OF FILING O San Francisco County I	FFICER	order	n filed.	ZIP CODE		
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)			3) NAME OF FILING O San Francisco County I ADDRESS	FFICER	order		ZIP CODE 94102		
5.	NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY	STATE	ZIP CODE	3) NAME OF FILING O San Francisco County I ADDRESS  CITY	OFFICER Registrar Rec	order	STATE			
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento	STATE	ZIP CODE	3) NAME OF FILING O San Francisco County I ADDRESS  CITY San Francisco	OFFICER Registrar Rec	order	STATE			
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento  2) NAME OF FILING OFFICER	STATE	ZIP CODE	3) NAME OF FILING O San Francisco County I ADDRESS  CITY San Francisco	OFFICER Registrar Rec	order	STATE			
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento 2) NAME OF FILING OFFICER  Los Angeles County Registrar Recorder	STATE	ZIP CODE	3) NAME OF FILING O  San Francisco County I  ADDRESS  CITY  San Francisco  4) NAME OF FILING O	OFFICER Registrar Rec	order (NO. AND STREET)	STATE			

## 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	11/11/2003	By Boucher Boucher Boucher
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	11/11/2003	By Boucher Boucher Boucher
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		Bv
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		Bv
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC